

## Application for Insurance Agency Licence

For Official Use				
O	D	N	1 <sup>st</sup> Review	
C	S	F	2 <sup>nd</sup> Review	
			Approved	

Please complete all items in BLOCK LETTERS. All amendments must be signed by Applicant.

### I. Particulars of Applicant

Name in English					
Name in Chinese (if any)					
Former/Other Name(s) in English (if any)					
Former/Other Name(s) in Chinese (if any)					
† Form of Ownership	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship				
For Company Only Company Registration No.		Business Registration No.		Financial Year End (DD/MM)	
Place of Incorporation/Place of Formation	<i>Please provide a copy of Certificate of Incorporation. For non-HK Company, please also provide a copy of Certificate of Registration.</i>				
Date of Incorporation/ Formation (DD/MM/YY)		For non-HK Company only Date of Registration (DD/MM/YY)			
Address of Registered Office/Principal Place of Business in HK					
Other Business Address(es) in HK (If there is not enough space, please provide the required information in a separate sheet.)	<i>Please state "Nil" if you carry on business in the above registered office or place of business only.</i>				
Telephone No.		Fax No. (if any)			
Email Address		Website Address (if any)			

† Please tick the appropriate box.

Version: September 2019

**II. Other Business of Applicant**

(If there is not enough space, please provide the required information in a separate sheet.)

† Are you carrying on any business?		
<input type="checkbox"/> Yes (If Yes, please provide the following information on your major business. For an overseas company, please also provide information on the business carried on in your home country and other branches.)		
Nature of Major Business		
Year of Commencement of Business		
Brief Description of Business		
<input type="checkbox"/> No		

**III. Licence(s) Granted by Financial Regulator(s)**

1.	† Have you ever been registered with the Mandatory Provident Fund Schemes Authority ("MPFA")?
	<input type="checkbox"/> Yes (If Yes, please provide your MPF registration no.: _____) <input type="checkbox"/> No
2.	† Have you ever been licensed by the Securities and Futures Commission ("SFC")?
	<input type="checkbox"/> Yes (If Yes, please provide your SFC licence no.: _____) <input type="checkbox"/> No
3.	† Have you ever been registered with the Hong Kong Monetary Authority ("HKMA")?
	<input type="checkbox"/> Yes (If Yes, please provide your HKMA registration no.: _____) <input type="checkbox"/> No
4.	† Have you ever been licensed by or registered with other financial regulators, or self-regulatory organizations for insurance intermediaries in or outside Hong Kong (including Insurance Agents Registration Board, The Hong Kong Confederation of Insurance Brokers and Professional Insurance Brokers Association)?
	<input type="checkbox"/> Yes (If Yes, please provide the name of the regulatory body/organization and registration no.)
	Name: _____ Registration No.: _____
	<input type="checkbox"/> No



#### IV. Proposed Responsible Officer(s)

Please list your proposed Responsible Officer(s) in the table below and submit **Form A3 - Application for Responsible Officer** for each proposed Responsible Officer.

Name of Proposed Responsible Officer	Insurance Intermediary Licence No. (if applicable)
	<input type="checkbox"/> Yes (If Yes, please provide the Insurance Intermediary Licence No. _____) <input type="checkbox"/> No
	<input type="checkbox"/> Yes (If Yes, please provide the Insurance Intermediary Licence No. _____) <input type="checkbox"/> No

#### V. Directors and Controllers

Please list your directors and controllers in the table below and submit **Form S5/S6 – Information on Director/Controller (Individual)/(Body Corporate)** (as applicable) for each director and controller.  
 (If there is not enough space, please provide the required information in a separate sheet.)

Name of Director/Controller	Capacity (Shareholder/Director/Sole Proprietor/Partner) <i>(For shareholder controller, please show shareholding in brackets.)</i>

#### VI. Appointing Principal(s)

Name of Appointing Principal(s) (i.e. Authorized Insurer)	Line of Business*
1.	
2.	
3.	
4.	

\* Please state the numeric code for the relevant line of business.

1. General	4. General and Long Term excluding Linked Long Term
2. Long Term excluding Linked Long Term	5. General and Long Term including Linked Long Term
3. Long Term including Linked Long Term	6. Restricted Scope Travel

† Please tick the appropriate box.

**VII. Character, Financial Status, Disciplinary Action & Investigation**

<sup>†</sup> If you answer "Yes" to any of the following questions, please provide details of the relevant case/matter on a separate document (i.e. date of event, description of the case/matter, your role or involvement in the case/matter, outcome or current status of the case/matter) with relevant supporting document(s).

1. Have you ever failed to comply with any requirements in relation to the carrying on of regulated activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been refused or restricted from the right to carry on any trade, business or profession by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been censured, disciplined or publicly criticized by any professional, trade or regulatory body in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you the subject of an investigation and/or disciplinary action or proceeding conducted by any professional body established under any laws, regulatory authority or law enforcement agency in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) a controller, director or partner of another business entity in Hong Kong <sup>#</sup> or elsewhere; and if so	
(b) whilst you were (or within 1 year after you ceased to be) such a controller, director or partner, was the business entity compulsorily wound up, or did the business entity make any compromise or arrangement with its creditors, or cease trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims?	
6. Have you ever been a controller, director or partner of another business entity in Hong Kong or elsewhere <sup>#</sup> , which,	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) with the consent or connivance of, or because of the neglect or omission by you, failed to comply with any requirements under any laws, or any rules, regulations, codes or guidelines made or issued under any laws, or any other regulatory requirements; or	
(b) has been convicted of a criminal offence by any court in Hong Kong or elsewhere or is the subject of unresolved criminal charges in Hong Kong or elsewhere; or	
(c) has been adjudicated by any court or other competent authority in Hong Kong or elsewhere civilly liable for any fraud, misfeasance or misconduct?	
7. Have you ever been subject to receivership, administration, liquidation or other similar proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever entered into a scheme of arrangement with your creditors or failed to satisfy any judgment debt under an order of a court in Hong Kong or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>#</sup> Business entity means a sole proprietorship, a partnership or a company.



## VIII. Declaration by Applicant

I/We \_\_\_\_\_ hereby declare and confirm that:

*Name of Applicant*

- The board of directors/ the partnership has passed a resolution to approve the Applicant to make this application (where applicable).
- I am/We are applying for an Insurance Agency Licence to carry on regulated activities as set out in the Insurance Ordinance ("IO").
- I am providing/We are duly authorized to provide this Application and declaration for the purpose of applying an Insurance Agency Licence.
- All the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
- I/We understand that giving false or misleading information in support of this Application is an offence under section 64ZZE of the IO.
- I/We understand that Insurance Authority ("IA") may take criminal and/or disciplinary action against a person who has made a false or misleading representation in or in support of this Application.
- I/We understand that if there are changes to any information contained in this Application or any document in connection with this Application prior to the IA making a decision in respect of this Application, I/we must notify the IA of the changes in writing as soon as practicable.
- I/We understand that the IA may make such enquiries and seek such further information or documents as it thinks appropriate. I/We also understand that the IA may ask us to give written consent to enable it to assess our fitness and properness.
- I/We have read, understood and we agree to the attached Personal Information Collection Statement.
- I/We consent to the IA using any personal data we have provided to the IA in (or in support of) this Application or will provide in the future, for the purposes described in the attached Personal information Collection Statement.

\_\_\_\_\_  
*Name of Director/Sole Proprietor/Partner*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**WARNING: IT IS A CRIMINAL OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION IN THIS APPLICATION.**

**IX. Declaration by Appointing Principal(s) (i.e. An Authorized Insurer)**

- We **CONFIRM** that the Applicant is duly appointed as our agent.
- We declare that, to the best of our knowledge and belief, all the information provided in this Application and any documents in connection with this Application are **COMPLETE, TRUE and CORRECT**.
- We **BELIEVE** that the Applicant has complied with the “fit and proper” requirements stipulated in section 64ZZA of the Insurance Ordinance and all relevant guidelines and codes issued by the Insurance Authority.

Appointing Principal 1				(Company Chop)	
Reference No.*					
Name of Authorized Person					
Authorized Signature		Date			
Name of Contact Person		Phone		Position	

Appointing Principal 2				(Company Chop)	
Reference No.*					
Name of Authorized Person					
Authorized Signature		Date			
Name of Contact Person		Phone		Position	

Appointing Principal 3				(Company Chop)	
Reference No.*					
Name of Authorized Person					
Authorized Signature		Date			
Name of Contact Person		Phone		Position	

Appointing Principal 4				(Company Chop)	
Reference No.*					
Name of Authorized Person					
Authorized Signature		Date			
Name of Contact Person		Phone		Position	

\*Reference No. of the Appointing Principal is the file no. (for authorized insurer) or licensed no. (for licensed insurance agency or licensed insurance broker company) (if any).

**Please be reminded that Appointing Principal(s) are responsible for verifying the information provided in this Application and any documents in connection with this Application.**

**X. Contact Person Regarding Any Queries on This Application**

Name		Position and Department	
Telephone No.		Email Address	

**† Please tick the appropriate box.**



## **Personal Information Collection Statement ("PICS")**

This PICS is made by the Insurance Authority (the "IA") to comply with the notification requirements of the Personal Data (Privacy) Ordinance (Cap. 486) (the "PDPO"). You are advised to read it carefully as it sets out your rights in relation to your personal data (as defined in the PDPO), the purposes for which the IA may collect and use your personal data and the persons to whom your personal data may be transferred.

### **Purpose of Collection**

The personal data provided in (and in support of) this application by you or by any other persons (on your behalf) may be used and held by the IA for one or more of the following purposes:

- (a) to administer and/or enforce the provisions of any relevant ordinances (including the Insurance Ordinance (Cap. 41) (the "**Ordinance**")) and any regulations, rules, codes and guidelines made or promulgated pursuant to the powers vested in the IA as in force at the relevant time and to carry out its functions as a regulator of the insurance industry, including:
  - (i) to process any application(s) you may make to (and received by) the IA under the Ordinance;
  - (ii) to assess your fitness and properness in relation to any of your application(s) for licensing or approval (as the case may be) under the Ordinance;
  - (iii) to monitor your fitness and properness to remain licensed or approved (as the case may be) under the Ordinance;
  - (iv) to consider any application(s) under the Ordinance where you may otherwise (directly or indirectly) have a connection with;
  - (v) to display your personal data on the public registers established by the IA and/or the website of the IA (where applicable);
  - (vi) to investigate complaints and handle enquiries;
  - (vii) to conduct legal proceedings, inspection, investigation, enforcement or disciplinary actions;
- (b) to co-operate with and assist any other regulatory body and/or law enforcement body of Hong Kong, or of any place outside Hong Kong, whenever appropriate, and to the extent permitted by the laws of Hong Kong;
- (c) for any statistical purposes; and/or
- (d) any other purposes as permitted by the laws of Hong Kong.

You are obliged to supply the requested personal data in response to any request from the IA in exercising its powers or carrying out its functions. Failure to provide the requested personal data may result in the IA being unable to exercise its powers or carrying out its functions and may affect your fitness and properness under the Ordinance and/or bring serious consequences.

### **Transfer/Matching of Personal information**

In performing the IA's functions under the relevant laws and regulations, your personal data held by the IA may, for such purposes, be disclosed or transferred to any third parties, including financial regulators in Hong Kong (including but not limited to the Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), educational institution/examination bodies in or outside of Hong Kong (for the purpose of conducting qualifying examinations or verifying academic/professional qualifications), relevant appointing principals (authorized insurer, licensed insurance agency and/or licensed insurance broker company (as the case may be)), the Travel Agents Registry, the Travel Industry Council of Hong Kong, law enforcement agencies, law courts, tribunals and committees and/or other local and/or regulatory/government/judicial bodies outside Hong Kong as permitted and/or required under the laws of Hong Kong, pursuant to any regulatory/supervisory/investigatory assistance arrangements between the IA and other regulators/authorities (within or outside of Hong Kong) or persons engaged by the IA to assist it in the performance of its functions.

Personal data may be used by the IA and/or disclosed or transferred by the IA to the bodies listed above for the purposes of comparing, verifying and/or carrying out a matching procedure<sup>1</sup> of those data.

### **Public Registers**

The IA is required to maintain public registers with specified data related to licensed insurance intermediaries under the Ordinance or any related subsidiary legislation. Any member of the public can inspect the public registers free of charge for the purposes of ascertaining whether he/she is dealing with a licensed insurance intermediary or an approved responsible officer of a licensed insurance agency/insurance broker company in respect of any regulated activity, and the particulars of the licensing of a person as a licensed insurance intermediary and/or the approval of such person as a responsible officer.

### **Access to Data**

Under the PDPO, you have the right to request access to and/or for correction of your personal data held by the IA. Please complete a "Data Access Request Form" (which is available at the IA's website) and send it by post to the Data Privacy Officer of the IA at 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong for processing of your request. The IA has the right to charge a reasonable fee for processing any such request.

### **Enquiries**

Any enquiries regarding the personal data provided to the IA, or requests for access to and/or correction of, your personal data held by the IA should be made in writing to:

The Data Privacy Officer  
Insurance Authority  
19/F, 41 Heung Yip Road  
Wong Chuk Hang  
Hong Kong

A copy of the IA's Privacy Policy is made available at the IA's website.

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<sup>1</sup> "matching procedure" is defined in section 2 of the PDPO.